U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Richard	Name LOCAL 813 I.B.T.
	Labor Organization File Number 036-119
P.O. Box, Bldg., Room No., if any C/O Local 813 I.B.T.	P.O. Box, Building and Room Number, if any Suite 600
Street 45-18 Court Square, Suite 600	Street 45-18 Court Square
City Long Island City	City Long Island City
State New York ZIP Code + 4 11101-4347	State New York ZIP Code + 4 11101-4347
5. Position in labor organization. Secretary Treasurer	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
g*************************************	7.b. Amount.
Street City State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the
Form LM-30 (2003)	Page 1 of 15

Name of Person Filing Richard Merola	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code+4 11101-4347	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Related Local 813/1034 Severance & Retirement Trust Fund 11.b. Approximate dollar value of such dealing. \$2,604,616
State St	12.a. Nature of interest held or income received. Attended IFEBP Orlando Educational Conference
	12.b. Amount. \$3,799
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.
Street City State ZIP Code + 4	

Name	of Person	Filina	Richard	Merola

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (Related Local 813/1034 Severance & Retirement 'Fund	Trust
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		CHARLOSTER
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,60	4,616
	12.a. Nature of interest held or income received.	ecromos accourances
	Meeting with Insurance Carrier - Parking Expense Reimbursement	
	12.b. Amount.	\$36

Name of Person Filing Richard Merola	File Number U -
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	And the second s
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	Related Local 813/1034 Severance & Fund 11.b. Approximate dollar value of such dealing.	Retirement Trust
	12.a. Nature of interest held or income received.	Managari (K) Metanasani (Kanagani (K) Kanagani (K) Kanaga
	Meeting Expense Reimbursement - Interprospective Vendor	Prview
	12.b. Amount.	\$62

Name of Person Filing Richard Merola	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City	a. Labor Organization b. Trust c. Employer	
City Long Island City State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Related Local 813/1034 Severance & Re Fund	tirement Trust
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received. Meeting Expense Reimbursement - Inter Prospective Vendor	view
	12.b. Amount.	\$33

Name of Person Filing Richard Merola	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 600	harman	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Related Local 813/1034 Severance & Retirement Tru Fund	ust
P.O. Box, Bldg., Room No., if any		deritablished wasyppe
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,604,6	616
	12.a. Nature of interest held or income received.	commoney
	Attended Trustee Meeting - Parking Expense Reimbursement	
	12.b. Amount.	\$29

Name of Person Filing Richard Merola	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 600 Street 45-18 Court Square City Long Island City	a. Labor Organization b. Trust c. Employer
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Related Local 813/1034 Severance & Retirement Trust Fund 11.b. Approximate dollar value of such dealing. \$2,604,616
	12.a. Nature of interest held or income received.
	Meeting Expense Reimbursement - Interview Prospective Vendor
	12.b. Amount. \$70

Name of Person Filing Richard Merola	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Sutie 600		
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Related Local 813/1034 Severance & Fund	Retirement Trust
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	Barranero como como como como como como como co
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$27

Name of Person Filing	Richard	Merola

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Sutie 600	Suggested S	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		- 1
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	li delle encombrane en bedelle di la como eloi a di consocrate di se como en composizione e macon p
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$30
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Name of Person Filing Richard Merola	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Sutie 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		900000000000000000000000000000000000000
City		WATER STATE OF THE
		maanaanaanaanaanaanaanaanaanaanaanaanaan
State State	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	to the security of the securit
	Attended Trustee Meeting - Parking Reimbursement	Expense
		The second secon
		THE
	12.b. Amount.	\$30

Name of Person Filing Richard Merola	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Sutie 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Related Local 813/1034 Severance & Retirement Trund	rust.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,60	4,616
	12.a. Nature of interest held or income received.	Marka Caracana Carac
	Attended Board Meeting - Meeting Expense Reimbursement	
	12.b. Amount.	\$88

Name of Person Filing Richard Merola	File Number U -

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Sutie 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Related Local 813/1034 Severance & Fund	Retirement Trust
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	New Office Space Search - Meeting Reimbursement	Expense
	12.b. Amount.	\$28

Name of Person Filing Richard Merola File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Sutie 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Related Local 813/1034 Severance & Retirement Fund 11.b. Approximate dollar value of such dealing. \$2,60	Trust
то от ден и постоя пос	12.a. Nature of interest held or income received.	<u>śęczinalowalowane</u>
	Trust Fund Credit Card Annual Fee	
	12.b. Amount.	\$35

Name of Person Filing Richard Merola	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Sutie 600 Street 45-18 Court Square City Long Island City	a. Labor Organization b. Trust c. Employer	
State New York ZIP Code + 4 11101-4347	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Related Local 813/1034 Severance & Fund 11.b. Approximate dollar value of such dealing.	Retirement Trust
Engrephit der programmen der program	12.a. Nature of interest held or income received.	72 ,00±,010
	Attended Local 813/1034 Severance 8 Trust Fund 2004 Christmas Party	Retirement
	12.b. Amount.	\$87

Name of Person	Filing	Pichard	Merola
Traine of a Cidon	1 1111119	RICHALU	METOTA

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Sutie 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	Registration for 2005 IFEBP Orland Conference	o Educational
	12.b. Amount.	\$1,530